



Procedure: Sanction & Complaint Forms

Functional Area: VIII Certification, Eligibility & Coordination of Services and XI Civil Rights

Section: G3h and E

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Purpose

To identify the forms available for use with the Nebraska WIC program client sanction system.

To identify when each form should be used to assess client sanction issues.

Forms Available

Several forms are available for use in determining client and vendor sanctions or when evaluating program integrity issues which have been identified.

The forms available are:

- **Nebraska WIC Integrity Screening Form** – Used as the initial form to screen incidents, which are verbally brought to the attention of program staff.
- **Client Integrity Follow-up Form** - Used to follow up reported incidents which are related to client integrity. Examples would be: using checks inappropriately at a vendor, dual participation, misrepresentation of information given to WIC, physical abuse, redeeming checks reported as lost or stolen, and exchanging formula without prior approval.
- **Clinic Services Integrity Follow-up Form** – Used to follow up reported incidents, which are related to clinic issues. Examples would be: concerns about clinic hours, locations, or staff, concerns regarding specific policies and procedures, concerns about WIC foods or formula approval, concerns about fraud/abuse involving WIC staff.
- **Vendor Integrity Follow-up Form** – Used to follow up reported incidents, which involve vendors. Examples would be: not being allowed to purchase everything listed on a check, concerns regarding vendor staff, concerns regarding use of WIC checks at a vendor, concerns regarding vendor inventory, concerns about vendors exchanging WIC foods for cash.
- **Discrimination Follow-up Form** – Used to follow up reported incidents, which are determined to be possible discriminatory actions or situations. Examples would be: Staff or vendors treating someone differently, because they are members of a different racial group, clinics or vendors not accessible for disabled persons.

Clinic Services Integrity (some examples could include):

- Concerns regarding specific policies or procedures
- Concerns about WIC food packages or formula approval
- Concerns about scheduling appointments
- Concerns about rude staff (if not considered discrimination)
- Concern about fraud/abuse involving WIC staff

Vendor Integrity (some examples could include):

- Concerns regarding cleanliness of store
- Concerns regarding store workers (if not considered discrimination)
- Concerns regarding specific foods purchased at store
- Concerns regarding availability of WIC foods in store
- Concerns regarding vendor acceptance of WIC check prior to first date to use or after last date to use
- Concerns regarding a vendor altering a WIC check
- Concerns regarding vendor accepting a presigned WIC check
- Concerns regarding store failure to clearly mark purchase price for WIC foods
- Concerns regarding price of WIC foods
- Concerns regarding vendor allowing shopper to purchase non-eligible foods with WIC check
- Concerns regarding vendor allowing substitutions for infant formula
- Concerns regarding vendor requiring WIC shopper to pay the difference or return the prescribed items when the actual purchase price exceeds the maximum purchase amount
- Concerns regarding vendor accepting WIC checks designated to another store (w/o approval)
- Concerns regarding vendor offering rain checks to the WIC shopper
- Concerns regarding vendor requiring shopper to sign the WIC check before the purchase price is completed and/or failing to record purchase price on check at time of purchase
- Concerns regarding vendor collecting sales tax on WIC food purchases
- Concerns regarding vendor exchanging cash or credit for WIC checks
- Concerns regarding vendor receiving WIC checks from unauthorized persons
- Concerns regarding vendor exchanging non-food items such as soap, beer, paper goods for WIC check.

Discrimination Complaints:

- Discrimination due to race, color, nationality, sex, or disability

Client Integrity/Client Abuse: (Possible sanctionable actions)

- Purchase of non-allowable foods with WIC checks
- Physical abuse
- Misrepresentation of information given to qualify for WIC
- Sale or exchange of WIC checks for money or food
- Dual participation
- Redeeming checks reported as lost or stolen
- Altering a WIC check
- Redeeming a WIC checks after the last date to use
- Exchange of formula without prior approval
- Pre-signing WIC checks
- Verbal abuse

CLIENT INTEGRITY FOLLOW-UP FORM

Client Name:

ID #:

Responsible Party:

Family ID#:

Date of Incident:

Date Incident Became Known to Staff:

STEP 1: Review documentation on screening form. Gather additional information if needed.

STEP 2: Review check(s) if applicable. Attach copy (ies).

STEP 3: List the main points of the incident

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STEP 4: Determine if sanction points need to be assigned.

o Sanction Warranted
(Go to Step 5)

o Sanction Not Warranted

STEP 5: Determine number of sanction points to assign for this incident.

- Less than 20 points assigned by local agency
- 20 points or more assigned by state agency

_____ Points Assessed (this incident) Effective Date_____ Expiration Date_____

STEP 6: Sanction letter including education sent to responsible party. Attach a copy of the letter.

STEP 7: Sanction points entered into family record.

STEP 8: Determine total active sanction points for family

_____ Total Active Points (If total is 20 points or more forward to state WIC office)

STEP 9: Follow up on any additional information identified from contact by responsible party
Attach information.

STEP 10: FOR SANCTION POINT TOTALS of 20 or MORE POINTS – Review file and documentation if applicable. Determine follow up needed for this case.

_____ Previous Sanction Point Total

_____ New Sanction Point Total

Action Taken:

o Disqualification

o Alternate Proxy

o Other _____

Date Action Effective: _____

Length of Time Effective: _____

Claim Assessment Needed? ☐ YES ☐ NO

Comments:

Step 11: Local and/or State WIC Staff Person(s) Who Worked With File:

CLINIC SERVICES INTEGRITY FOLLOW-UP FORM

Complainant Name:

Date:

State Staff Conducting Review:

STEP 1: Review documentation on screening form.

STEP 2: Gather additional information needed from complainant and/or agency files. Attach copies.

STEP 3: List the main points from incident to be shared with appropriate staff (complete prior to interview)

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STEP 4: Contact appropriate staff. Point out issues identified. Identify staff involved with the incident. Get staff's side of the story.

Step 5: Statement from staff interviewed (attach additional statements):

[illegible]

Staff Name _____ Date _____

STEP 6: Follow up on any additional information identified from staff's statement(s). Attach information.

STEP 7: List identified areas/situations which need to be addressed by local agency.

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-
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STEP 8: Contact appropriate staff and discuss the information identified in step 7 above.

STEP 9: In conjunction with appropriate staff develop an action plan which addresses each of the identified areas or situations. The plan should include the corrective action to be taken and when it will be implemented.

#1 _____

#2 _____

#3 _____

#4 _____

Attach additional sheets if needed.

Date Discussed _____ L.A. Representative _____

Name _____

State Staff Name (if applicable) _____

Incident Closed:

Date _____ By :(staff name)

NEBRASKA WIC PROGRAM
Vendor Integrity Follow-up Report

Vendor Name _____

Vendor ID No. _____

Date of Contact _____

Type of Contact:

- ☐ a. On-site visit to store
- ☐ b. Telephone
- ☐ c. Mail
- ☐ d. Vendor visits local WIC agency

The purpose for the follow-up contact with the vendor:

A. ☐ Follow-up of reports(s) of:

☐ Complaint from client regarding vendor;

(Specify): _____

☐ Other: _____

B. ☐ Follow-up of previous monitoring visit: _____

Is/Are the problem(s) resolved? (Explain): _____

C. ☐ Follow-up on check errors: _____

Specify check problems: _____

D. ☐ Training (Specify topics): _____

Names of attendees:

Signature of Primary WIC Vendor Contact at Store

Date

Signature of WIC Reviewer

Date

Printed Name of WIC Reviewer

WIC PROGRAM DISCRIMINATION FOLLOW-UP FORM

Complainant Name: _____	Date: _____
Received at: <input type="checkbox"/> Local Agency	<input type="checkbox"/> State Agency

STEP 1: Review documentation on screening form. Gather additional information if needed.

STEP 2: Check which basis the complainant feels discrimination exists.

☐ Race ☐ Age ☐ National Origin ☐ Color ☐ Sex ☐ Disability

STEP 3: If Incident Is Reported To Local WIC Agency:

Make a copy of the Program Integrity Screening Form and Discrimination Follow-up Form for agency files. Forward the original copies to the State WIC Office within 5 working days of receipt or report.

Date Sent to State WIC Office: _____

Sent By: _____

STEP 4: If Incident Is Reported To The State WIC Office:

Make a copy of the Program Integrity Screening Form and this follow-up form and send to the Civil Rights Director at USDA Regional Office within five days of receipt of incident.

Date Sent to Regional Civil Rights Office: _____

Sent By: _____

STEP 5: Send a copy of the Program Integrity Screening Form and this follow-up form to the State WIC Clinic Services Coordinator for the incident to be logged on to the Discrimination Log.

Date Sent to Clinic Services Coordinator: _____

Sent By: _____

STEP 6: Log the Incident into the Discrimination Log.

Date Logged: _____

Logged By: _____

STEP 7: File original copy of forms into Complaint File.

STEP 8: Additional Follow-up Needed:

(Attach Documentation)